



"TAKE ME HOME" PROJECT



☐ Initial entry

☐ Updated information/photo (yearly)

SUBJECT INFORMATION

Name: _____ Name to Call Me: _____
Date of Birth: _____ Hair Color: _____ Eye Color: _____
Race: _____ Sex: _____ Height: _____ Weight: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Disability: ☐ Alzheimer's ☐ Autistic ☐ Deaf ☐ Mentally Disabled ☐ Other: _____
Organization: ☐ ARC ☐ Council on Aging ☐ Autistic Foundation ☐ Other: _____

Emergency Contact Information

1	Name: _____	Cell Ph: _____
	Address: _____	Phone: _____ Relationship: _____
2	Name: _____	Cell Ph: _____
	Address: _____	Phone: _____ Relationship: _____
3	Name: _____	Cell Ph: _____
	Address: _____	Phone: _____ Relationship: _____
4	Name: _____	Cell Ph: _____
	Address: _____	Phone: _____ Relationship: _____
5	Name: _____	Cell Ph: _____
	Address: _____	Phone: _____ Relationship: _____
6	Name: _____	Cell Ph: _____
	Address: _____	Phone: _____ Relationship: _____

My signature below constitutes an affirmation under oath that I am legally responsible for the person named above for whom I have provided information, and that I consent to have this information shared among law enforcement personnel for enrollment in the "Take Me Home" program. This information is voluntarily provided and I understand that all information is confidential and accessible to law enforcement only per ORS 192.502(4).

SIGNATURE / DATE

WITNESS